OLENE S. WALKER
Governor

GAYLE F. McKEACHNIE
Lieutenant Governor

ROBIN ARNOLD-WILLIAMS
Executive Director

RICHARD J. ANDERSON
Director
Division of Child and Family Services

July 14, 2004

Mr. Thomas Sullivan
Regional Administrator, Region VIII Office
ACF/Children's Bureau
Federal Office Building
1961 Stout Street, 9th Floor
Denver, CO 80294

Dear Mr. Sullivan:

We respectfully submit Utah's Program Improvement Plan (PIP) in response to our favorably executed first Child and Family Services Review (CFSR) that occurred in April, 2003. All who participated in the CFSR, and in the subsequent development of the PIP, have been most helpful. The Review Team created an atmosphere of effective professional exchange and left our communities and agency with substantive information, thought provoking messages, positive feelings, and much needed encouragement. Prior to the CFSR, we believed that our child welfare system was moving in the direction that the CFSRs promote. We were gratified to receive the confirmation from the Review Team that we are on the right track. In addition, our regional office staffs have been most helpful and encouraging. We appreciate the assistance they have given, providing experienced insight and helpful direction, to the development of our PIP. We have also received good training and helpful consultation on the development of our PIP from the National Child Welfare Resource Center for Organizational Improvement and the National Child Welfare Resource Center for Family Centered Practice.
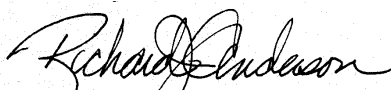
For many years, Utah's Division of Child and Family Services (Child and Family Services) has experienced the unintended consequences of having aspirational goals that were translated into policies, rules, and requirements; in effect, "standards." It was not until the Federal Court required Utah to achieve these standards at the highest levels that we realized that our standards had been established on aspirations - not on reliable data or experience. We have learned from this lesson that even though it is good to have high aspirations it may not be wise, or even just, to have aspirational standards. Standards have to be more solid than aspirations, goals, desires, or wishes. They must be achievable. Aspirational standards become, at best, unstable commitments to citizens, as well as governmental and private oversight entities. In Utah child welfare, we now strive for realistic and accountable standards and we set our aspirations as goals. This way we can commit to the people that rely on our services that we will meet our standards while setting goals to raise them, wherever possible.

To date, no state has shown that the CFSR standards are achievable across all the required criteria. Though achieving the 75th percentile in some areas is reasonable for states, no one knows yet, if it is possible to achieve the required levels across all the criteria.   We acknowledge that the pull of positive aspirations, as goals, is needed for improvements in child welfare. In fact, they are essential to moving us forward. We also fully acknowledge that the current CFSRs have brought into the Federal/State relationship a meaningful set of desired and hopeful "standards" for child welfare. We applaud this effort. We will be full partners with our Federal agencies and other states to increase the national standards for child welfare.

However, having no verifiable data that the 90% and, then, 95% level of achievement across the entire criteria of the CFSR is even possible to attain, we must reserve the right to challenge the underlying premise of the achievability of the standards, for now. When ACF chooses to implement sanctions for not achieving these as yet unproven "standards," we must challenge the premise on which the "standards" have been established. In addition, the variability of the data from state to state and the unequal application of policies from location to location throughout the nation makes the sanctioning too arbitrary to meet a standard of fairness. It is not reasonable, or even helpful, to ask states to stake future resources on the attainment of something that has not yet been proven achievable. We hope that within the next few years we, as a nation, can have the proof that we have achievable standards that were once aspirations.

Now, having provided our most honest assessment, we conclude that the current "national standards" are admirable and sound goals.   Utah will put its resources and heart into achieving the goals set forth in our PIP. We look forward to your assessment and approval of our PIP.

Most respectfully,

Richard J. Anderson, LCSW
Director

<table>
<tr><td colspan="2" align="center">**Attachment A**
Children's Bureau
Child and Family Services Reviews
Program Improvement Plan
Suggested Standard Format</td></tr>
<tr><td colspan="2">**I. PIP General Information**</td></tr>
<tr><td colspan="2">ACF Region: I ☐   II ☐   III ☐   IV ☐   V ☐   VI ☐   VII ☐   VIII ☒   IX ☐   X ☐</td></tr>
<tr><td colspan="2">State:</td></tr>
<tr><td>Lead ACF Regional Office Contact Person:
Kevin Gomez</td><td>Telephone Number: 303.844.1147</td></tr>
<tr><td></td><td>E-mail Address: kgomez@acf.hhs.gov</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>State Agency Name:
State of Utah Division of Child and Family Services</td><td>Address: 120 West 200 North, #225, SLC, Utah 84103</td></tr>
<tr><td></td><td>Telephone Number: 801.538.4100</td></tr>
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<tr><td>Lead State Agency Contact Person for the Child and Family Services Review:
Linda S. Wininger, M.S.W.</td><td>Telephone Number: 801.538.4535</td></tr>
<tr><td></td><td>E-mail Address: lswininger@utah.gov</td></tr>
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<tr><td>Lead State Agency PIP Contact Person (if different):
Same</td><td>Telephone Number:</td></tr>
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<tr><td colspan="2"></td></tr>
<tr><td>Lead State Agency Data Contact Person:
Navina Forsythe</td><td>Telephone Number: 801.538.4045</td></tr>
<tr><td></td><td>E-mail Address: nforsythe@utah.gov</td></tr>
<tr><td colspan="2">**II. State PIP Team Members (name, title, organization)**</td></tr>
<tr><td colspan="2">1. Linda S. Wininger, State Performance Milestone Plan Coordinator, Child and Family Services</td></tr>
<tr><td colspan="2">2. Adam F. Trupp, Director of Policy and Planning, Child and Family Services</td></tr>
<tr><td colspan="2">3. Jeff Harrop, Northern Region Milestone Coordinator, Child and Family Services</td></tr>
<tr><td colspan="2">4. Craig Monson, Director Office of Services Review, Dept. of Human Services</td></tr>
<tr><td colspan="2">5. Barbara Feaster, Former Child Client, UFosterSuccess</td></tr>
<tr><td colspan="2">6. Kristin Brewer, Director, Office of the Guardian ad Litem</td></tr>
<tr><td colspan="2">7. Carol Verdoia, Child Protection, Office of the Attorney General</td></tr>
<tr><td colspan="2">8. Katy Larsen, Northern Region Director, Child and Family Services</td></tr>
<tr><td colspan="2">9. Colleen Lasater, Northern Region Milestone Coordinator, Child and Family Services</td></tr>
<tr><td colspan="2">10. Patti Van Wagoner, Deputy Director, Child and Family Services</td></tr>
</table>

11. Margaret Shaw, Caseworker, Division of Services for People with Disabilities
12. Brent Bowcutt, Office of the Courts
13. Alicia Davis, Juvenile Court Administrator, Office of the Courts
14. Bert Peterson, Western Region Milestone Coordinator, Child and Family Services
15. Kristin Lambert, Review Board Coordinator, Foster Care Citizen Review Board
16. Patricia Worthington, Director, Foster Care Citizen Review Board
17. Scott Goodell, SAFE CPS, Child and Family Services
18. Kate Jensen, Domestic Violence Specialist, Child and Family Services
19. Charlotte Gibbons, CPS Specialist, Child and Family Services
20. Judge William Thorne, Utah Court of Appeals
21. Jan Watts, Indian Walk-In Center
22. Savania Tsosie, ICWA Specialist, Child and Family Services
23. Phyllis Lee, Eastern Region Milestone Coordinator, Child and Family Services
24. Aaron Bettinson, Review Analyst, Office of Services Review, Dept. of Human Services
25. Midge Delavan, State Training Coordinator, Child and Family Services
26. LaNaye Hartley, SAFE Analyst, Child and Family Services
27. Carol Miller, Program Support Specialist, Child and Family Services
28. Robert E. Gallegos, RAZ/PAC
29. Steven Cesspooch, Goshute Administrator, Goshute Tribe
30. Angela Khairallah, Out-of-Home Specialist, Child and Family Services
31. Reina Forsythe, Information Analyst, Child and Family Services
32. Janet Canyon, Salt Lake City School District
33. Myrna Gooden, Turtle Mountain Ojibwe Tribe, University of Utah
34. Kelsey Lewis, Director Recruitment, Utah Foster Care Foundation
35. Mike Hamblin, Utah Foster Care Foundation
36. Jacci Yeager, Family Resource Consultant Supervisor, Child and Family Services
37. Cathis Pappas, Department of Workforce Services
38. Elizabeth Heath, Department of Health
39. Jeff Dean, Department of Health
40. Chris Chytraus, Director, Fostering Healthy Children, Dept. of Health
41. Navina Forsythe, Data Unit Supervisor, Child and Family Services
42. Karen Sitterud, Foster Parent, Child and Family Services Board member

III. PIP Agreement Form

The PIP should be signed and dated by the Chief Executive Officer of the State child welfare agency and by the HUB Director or Regional Administrator for the ACF Regional Office responsible for the State. The approved PIP with original signature must be retained in the ACF Regional Office. A hard copy of the approved PIP must be submitted to the following parties immediately upon approval:
- State child welfare agency.
- Children's Bureau (CFSR staff).
- Child Welfare Review Project, c/o Johnson, Bassin & Shaw, Inc.

Agreements

The following Federal and State officials agree to the content and terms of the attached PIP:

_____

Name of State Executive Officer for Child Welfare Services   Date

_____

Name of HUB Director/Regional Administrator, ACF   Date

General Background

Utah's Child and Family Services is committed to providing the best child welfare services possible using strengths-focused, family centered, community-based practice. In this pursuit, Child and Family Services and the Utah child welfare service system as a whole, have undergone significant changes over the past eight years. One of the most substantial and impactful changes has been the creation and application of the Child and Family Services Practice Model.

In 1999, the Practice Model was introduced as the cornerstone of the Child and Family Services business plan, the "Performance Milestone Plan" (Milestone Plan). The Practice Model provides the foundation for, and defines the structure of, Utah's child welfare practice. It places the delivery of services to and connection with children and families as the essence of the plan. The model includes a set of Practice Model Principles and outlines a set of skills that workers and administrators are to apply in their work. The principles underlying the Model are as follows:

- **Principle One - Protection**. Children's safety is paramount; children and adults have a right to live free from abuse.
- **Principle Two - Development**. Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.
- **Principle Three - Permanency**. All children need and are entitled to enduring relationships that provide a family, stability, belonging, and a sense of self that connects children to their past, present, and future.
- **Principle Four - Cultural Responsiveness**. Children and families are to be understood within the context of their own family rules, traditions, history, and culture.
- **Principle Five - Partnership**. The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.
- **Principle Six - Organizational Competence**. Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.
- **Principle Seven - Professional Competence**. Children and families need a relationship with an accepting, concerned, empathetic worker who can confront difficult issues and effectively assist them in their process toward positive change.

The set of skills that have been identified as necessary to assist Child and Family Services staff in putting these principles into action are:

- **Engaging**. The skill of effectively establishing a relationship with children, parents, and essential individuals for the purpose of sustaining the work that is to be accomplished together.
- **Teaming**. The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.
- **Assessing**. The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This process of discovery looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for children.
- **Planning**. The skill necessary to tailor the planning process uniquely to each child and family is crucial. (Assessing lays a foundation for the plan). This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and managing consequences in response to lack of improvement.

- **Intervening**. The skills to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent's pattern of thinking about their child.

These Practice Model Principles and the associated skills enable us to serve families in a strengths-based, family-centered way.

The Performance Milestone Plan and The Child and Family Services Review

The Milestone Plan is the business plan for Utah Child and Family Services. It was adopted in May 1999, and is designed to lead the agency to specified outcomes, assist the agency in implementing the principles established by the Practice Model, and allow the agency to create a process of continuous quality improvement. It is also intended to enable Child and Family Services to lead in efforts to build a system of child welfare that is family-centered, strengths-focused, and community-based. The Milestone Plan, first developed in 1999, was incorporated into the Child and Family Services Plan.

While the Practice Model (**Milestone 1**) is the cornerstone of the Child and Family Services business plan, there are eight additional "milestones." These milestones are all intended to be pursued in a way that supports and facilitates the Practice Model. They are:

- **Milestone 2: System Investments** - Builds the business infrastructure needed to support practice. Includes focus on budget, training, and the management information system (SAFE).
- **Milestone 3: System Management Structures** and **Milestone 5: Accountability Structures** - Creates effective and involved administrative structures and accountability structures both internal and external.
- **Milestone 7: Case Process Review** (CPR) and **Milestone 8: Qualitative Case Review (QCR)** - Implements and reports the outcomes of two types of annual case reviews - one that rates compliance with policy, statute, and rule from an examination of case records, and the other, an onsite review, that focuses on qualitative outcomes.
- **Milestone 4: Priority Focus Areas** and **Milestone 6: Trend Data Analysis** - Promotes using data to drive organizational improvements.
- **Milestone 9: Quality Improvement Committees** - Involves community partners as members of quality improvement committees at both regional and state levels to utilize information gathered from data reports and case reviews to recommend changes in resource deployment, policy, procedure, and practice to improve or maintain favorable outcomes.

We have made much progress within the Milestone Plan since 1999 and we have been effectively applying the Practice Model. However, we still have more to do. The CFSR Program Improvement Plan is a new opportunity to move to an even higher level of practice leading to more success for children and families.

An attendant benefit of our pursuit of the Milestone Plan is that we find ourselves, in most ways, already headed in the direction charted by the CFSR. Child and Family Services has developed a model for practice, a plan to guide performance, and has made broad, sweeping changes over recent years. We have achieved a level of performance, as demonstrated through our Milestone Plan annual reviews (QCRs and CPRs) that we are proud of, but we are also well aware that there are areas of practice and performance that are lagging and will require focused attention and resources.

In light of our experience with the Milestone Plan implementation efforts, and after reviewing the information we received from the on-site review exit conferences and the Utah State Final Report, we have developed the PIP that follows.

Summary of Statewide Assessment

Utah completed the Statewide Assessment of child welfare services in January 2003[1]. The assessment was the product of a great effort by a number of child welfare staff and community partners. These individuals worked together as the CFSR Team to identify both strengths and opportunities for improvement within the Utah child welfare system.

Strengths in the following Outcomes:
- Safety – Utah law requires each accepted referral for child abuse and neglect to be investigated. Utah also has a broad definition of abuse and neglect that includes domestic violence in the presence of a child, environmental neglect, lewdness, and harmful materials as well as the common definitions of physical, sexual, and emotional abuse and physical neglect.
- Permanency – Utah has maintained a very high rate of "time to finalization of adoption" with 71% of the adoptions finalized within two years of the removal.
- Well-Being – The Department of Human Services and the Department of Health have teamed together to provide the Fostering Healthy Children Program. This unique and highly effective program ensures the monitoring of health services to children in the custody of the state by Registered Nurses (RNs) employed by the Department of Health – every child in care has an assigned RN who manages their physical, mental, and dental healthcare. The nurses are an integral part of the service team. They input and track all physical, dental and mental health information in the SAFE system.

Strengths in the following Systemic Factors:
- Statewide Information System – SAFE database contains detailed information on each client and can generate innumerable reports based on data.
- Quality Assurance - Detailed reviews on both outcomes and compliance with practice guidelines and policy are conducted annually by the Office of Services Review.
- Foster and Adoptive Parent Recruitment, Licensing and Retention – Child and Family Services has a public/private partnership with the Utah Foster Care Foundation (UFCF) which has this major mission.
- Training for Child and Family Services employees and Foster Parents – Extensive training on the Practice Model has been developed for employees and foster parents. Other training is also provided. UFCF provides preservice and inservice training for foster parents.

Opportunities for improvement in the Utah child following:
- Safety – Decreasing the rate of repeat maltreatment and re-entry into foster care.
- Permanency – Consistent implementation of Utah's strengths-based, family-centered Practice Model.
- Well-Being – Craft service plans with services crafted specifically to address the identified underlying needs.

The Statewide Assessment also reported areas needing improvement in the Systemic Factors:
- Responsiveness to the Community – More complete compliance with the Indian Child Welfare Act (ICWA).
- Information System – Add tools in SAFE to better facilitate the Practice Model.

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[1] This assessment is available on the Utah Child and Family Services website at http://www.hsdcfs.utah.gov

Summary of Federal CFSR On-Site Review

Utah participated in the Federal CFSR on-site review during the week of April 28 through May 2, 2003. Three areas were selected as sites for this portion of the review: Salt Lake County, Utah County, and the combined counties of Grand and San Juan. Fifty cases were randomly selected for review. Cases were drawn from both out-of-home and in-home services cases. Of the 50 cases reviewed, 35 cases were "foster care cases" where the children in care were in the custody of the State. Fifteen cases were "in-home cases" - children remaining with their families or in the temporary custody of relatives as an alternative to foster care. None of the children in the in-home cases had been in foster care during the period under review.

The State of Utah was in conformity on two of the seven outcome measures, Safety 2 and Well-Being 2. Performance in these measures indicated that services to stabilize families and prevent the removal of children from their homes and assessment of the risk of harm and measures to insure safety are both succeeding. One of the key findings noted in the State Final Report for Utah was the exceptional work in completing adoptions for children within 24 months of the removal from their homes. Well-Being 2, which assesses the State's ability to meet the educational needs of children, scored 100% on the on-site review.

Ratings on the systemic factors indicated that the State is in conformity on all but one systemic factor – Case Review. There were several systemic factors that scored 4 out of 4 in the ratings. They included the Statewide Information System, QA System, and Training. Service Array, Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment and Retention scored 3.

Conformance findings for each of the outcome measures were as follows:

Number	Outcome	Score	Determination
Safety 1	**Children are first and foremost protected from abuse and neglect**	**81.4%**	**Not in conformity**
Safety 2	**Children are safely maintained in their homes whenever possible**	**90.4%**	**In Conformity**
Permanency 1	**Children have permanency and stability in their living situations**	**57.1%**	**Not in conformity**
Permanency 2	**The continuity of family relationships and connections is preserved for children**	**77.1%**	**Not in conformity**
Well-Being 1	**Families have enhanced capacity to provide for their children's needs**	**66%**	**Not in conformity**
Well-Being 2	**Children receive appropriate services to meet their educational needs**	**100%**	**In conformity**
Well-Being 3	**Children receive adequate services to meet their physical and mental health needs**	**81.6%**	**Not in conformity**

The following tables show goals and objectives for outcomes and systemic factors not in conformity.

Outcomes

Goal	Item number	Goal	Objective	2003 baseline
Goal S1		By July 15, 2006, Utah will achieve 85% compliance with the CFSR outcome "Children are first and foremost protected from abuse and neglect."		81.4%

Goal	Item number	Goal	Objective	2003 baseline
Item 1		By July 15, 2006, 79% or more of the investigations of reports of child maltreatment will be timely initiated.		75%
Item 2		By July 15, 2006, 6.8% or less of the children with a previously substantiation will experience repeat maltreatment. (Data indicator <6.1%)		7.7%
Goal P1		By July 15, 2006, Utah will achieve 65% compliance with the CFSR outcome "Children will have permanency and stability in their living situations."		57.1%
Item 5		By July 15, 2006, re-entry into foster care will not occur for 73% or more of children reunified within the previous 12 months. The data indicator showing re-entry into foster care will be 9.75% or less. (Data indicator <8.6%)		71% OS 11.1% DI
Item 6		By July 15, 2006, 71% of children in out-of-home care for 12 months or less will have no more than two placement settings in the current out-of-home placement episode. The data indicator will be 74.3% or greater. (Data indicator >86.7%)		69% OS 72.4% DI
Item 7		By July 15, 2006, TPR will be filed or an exception documented by the end of the 15th month of any 22-month interval of out-of-home care for at least 50% of children.		46%
Item 7		By July 15, 2006, 70% of the children in foster care will have an appropriate permanency goal in a timely manner.		66%
Item 8		By July 15, 2006, at least 75% of children reunified will do so within 12 months of removal. The data indicator has achieved the standard on this item. (Data indicator >76.2%)		72% OS 81.9% DI
Item 10		By July 15, 2006, 80% of children with the appropriate goal of other planned permanent living arrangements will have the necessary services in place to achieve this goal.		75%
Goal P2		By July 15, 2006, Utah will achieve 80% compliance with the CFSR outcome "The continuity of family relationships and connections will be preserved for children."		77.1%
Item 14		By July 15, 2006, the connections of children to relatives, friends and cultural practices will be preserved for at least 83% of children in foster care.		80%
Item 15		By July 15, 2006, placement with the maternal and paternal relatives will be considered for 83% of children in foster care.		80%
Goal WB1		By July 15, 2006, Utah will achieve 70% compliance with the CFSR outcome "Families will have enhanced capacity to provide for their children's needs."		66%
Item 17		By July 15, 2006, the needs of at least 70% of children and families will be appropriately assessed, identified and addressed.		66%
Item 18		By July 15, 2006, at least 75% of children and families will be actively involved in case planning.		73%
Item 19		By July 15, 2006, at least 75% of children will participate in visits with their worker focused on case planning safety and well-being on a schedule consistent with policy and the child's needs.		72%
Item 20		By July 15, 2006, at least 55% of mothers will participate in visits with their worker focused on case planning, safety and well-being on a schedule consistent with policy and the mother's needs.		51%
Item 20		By July 15, 2006, at least 40% of the fathers will participate in visits with their worker focused on case planning, safety and well-being on a		38%

Goal	Item number	Goal	Objective	2003 baseline
		schedule consistent with policy and the father's needs.		
Goal WB3		By July 15, 2006, Utah will achieve 85% conformance with the CFSR outcome "Children will receive adequate services to meet their physical and mental health needs."		81.6%

Systemic Factors

Goal	Item number	Goal	Objective	2003 baseline
Goal SF 2		Provide a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.		Does not conform
Item 25		By July 15, 2006, 75% of children will have a written case plan developed jointly with the child's parents.		72%
Item 28		By July 15, 2006, TPR will be filed or an exception documented by the end of the 15th month of any 22-month interval of out-of-home care for at least 50% of children.		46%

Measurements

The State of Utah has, already in place, three very effective measurement tools. The first, the SAFE database, currently has more than 500 reports available with the ability to quickly and easily create an infinite number of additional data reports. These reports provide data on 100% of the applicable cases. Parameters for reports can be as broad as statewide or as narrow as an individual worker's caseload. Along with the database system, we have an excellent data unit that provides expert consultation on many issues related to data, trend tracking, reporting and monitoring.

An extensive QA program was developed and instituted as a result of the David C. v. Leavitt lawsuit and the subsequent Milestone Plan. The QA program consists of both the CPR that measures a worker's compliance with state statute, rule and division Practice Guidelines; and the QCR, an onsite assessment of the outcomes achieved through the services provided to families in both child and family status and system performance through application of the Practice Model.

The CPR is conducted on an annual basis and reviews cases from each of the three program areas, Child Protection Services, In-Home and Foster Care. Over 500 CPS cases and approximately 125 in-home and 125 out-of-home cases are reviewed annually. The CPR is statistically significant at the state level but not at the region level though data is reported for both. The questions that comprise the CPR are included in Addendum A.

The QCR is an outcome-based review and is similar to the on-site portion of the CFSR. It is performed annually in each of the five Child and Family Services geographical regions. Twenty-four randomly selected cases are reviewed in four of the regions while the Salt Lake Valley region, which includes Salt Lake City, has 72 cases reviewed annually. The region reviews are spread over the year beginning in September and ending in May with reviews occurring approximately every six weeks. A summary of the review instrument for the QCR is included in Addendum A.

In addition to the two reviews, the State of Utah tracks trends on sixteen data indicators and issues quarterly reports. Some of the trend data indicators relevant to the CFSR are as follows:

- Number and percent of home-based child clients who came into out-of-home care within 12 months of home-based closure.
- Number and percent of children in out-of-home care who were victims of substantiated allegations of abuse and neglect by out-of-home parents, out-of-home care siblings, or residential treatment staff
- Number and percent of substantiated child victims with a prior home-based or out-of-home case within the last 12 months.
- Number and percent of substantiated child victims with a prior CPS substantiated allegation within the last 12 months.
- Number and percent of children in care for at least one year that attained permanency through case closure prior to 24 months of custody.
- Number and percent of children who entered out-of-home care who attained permanency through custody termination within one year.
- Number and percent of children with prior custody episodes within 6, 12, and 18 months.
- Percent of CPS investigations initiated within the time period mandated by state or local statute, regulation, or policy.
- Percent of children experiencing fewer than three placement changes within an out-of-home care service episode.
- Number and percent of children exiting custody in year who did not attain permanency within six months by case closure reason.
- Number and percent of children age 18 or older, exiting care by education level.
- Number of children in custody who are legally freed for adoption and the percent who are placed in an adoptive home within six months.
- Number and percent of adoption placements that disrupt before finalization.

A Trend Analysis Committee reviews the data indicators quarterly and makes suggestions for program and practice improvement. The committee is comprised of state program specialists, state and region planning managers known as Milestone Coordinators, and front-line workers and supervisors.

The PIP uses these review processes in the measurement of each of the strategies or series of action steps connected to the strategies. Each item in the matrix includes measurements, an explanation of the data to be used and baselines from one or more of these tools.

Points important to the review and interpretation of the Utah PIP:

- ❖ Over the past five years there has been consistent progress in applying family-centered, strengths-focused, community-based practice in Utah's child welfare system.

- ❖ Substantial effort has been directed toward implementing new frontline practices for children and families and reducing barriers to completion of the Milestone Plan by implementing policies, procedures, and training that can reasonably assure change.

- ❖ Utah has made a firm commitment to wisely use the resources provided to child welfare in a methodical and planful way so that valuable resources are not wasted on ineffective remedies.

- ❖ Two challenges remain:
  - ▪ To increase consistent application of the Practice Model with every child and family across the life of a case.
  - ▪ To discover, understand and then eliminate barriers to full-scale change that have persisted.

- ❖ Three initiatives have been presented and established to meet these challenges:
  - ▪ Consistent application of the Practice Model.
  - ▪ Implementation of a Planning Process that provides for study, prioritization, design, implementation, evaluation, and modification.
  - ▪ Increased support for kinship placements, across a range of needs.

- ❖ Utah is committed to researched, cost effective, planned improvements that ultimately make significant improvements for children and families.

- ❖ Utah's Program Improvement Plan will be updated quarterly to include additional action steps and milestones in accordance with current timeframes in the plan.

- ❖ Updates will be submitted during the quarter they come due and will be concluded as negotiated with the Regional Office by the end of that reporting period.

Outcome S1: Children are, first and foremost, protected from abuse and neglect								
Item contributing to non-conformity	Goal	Method of Measuring Improvement	Goal/Measure Percent of Improvement	Action Steps toward achieving goal	Projected Date of Achievement	Actual Date of Achievement	Person Responsible	Deliverables
Safety 1, Item 1: Timeliness of initiating investigations of reports of child maltreatment	1.1 Improve the accuracy of documentation of "child first seen" date and time.	Report from SAFE on timeliness of investigation	Baseline:77% Goal:79%	1.1.1 Add SAFE notification to alert worker of missed priority status	Month 6		SAFE Team	Alert operational Data Reports
				1.1.2 Train staff on new alert	Month 9		CPS Program manager	Training rolls
	1.2 Data is used to monitor compliance with priority timeframe requirements	Report from SAFE on timeliness of investigation	Baseline:77% Goal:79%	1.2.1 Develop ways for management to use data to increase compliance with priority timeframe requirements	Month 6		Data Unit	
				1.2.2 Train supervisors and other administrators on pulling data reports and on the use of the reports to manage workers	Month 9		Data Unit	Training rolls
				1.2.3 Develop and implement region plans for reporting on data in administrative meetings	Month 6		Region Directors	Region Plans

Safety 1, Item 2: Repeat maltreatment	2.1 Reduce inaccurate documentation by Discontinue the practice of: 1. Opening an additional case when additional information or duplicate referrals are received on a currently open case 2. Entering a "supported" finding on cases where the child is placed in state custody due to delinquency or truancy and not abuse or neglect	Report from SAFE on percent of victims with a subsequent substantiation within six months	Baseline: 7.7% Goal: 6.8%	2.1.1 Implement a process of identifying and merging duplicate cases	Month 3		Data Unit	Report on Process implemented
				2.1.2 Program SAFE so that allegations of "court ordered" can not be "supported"	Month 12		SAFE team	SAFE Programming in place
	2.2 Consistent and expanded use of the Practice Model Skills of engaging, assessing, teaming, planning and	Report from SAFE on percent of victims with a subsequent substantiation within six months	Baseline: 7.9% Goal: 7.5%	2.2.1 Develop specialized program specific training curriculum for First Responders.	Month 12		State Training Team, CPS and DV program managers	Curriculum

				2.2.2 Develop region plans for training delivery	Month 15		Region training teams	Region training plans
				2.2.3 Provide training in all regions	Month 24		State and Region Training Teams	Report of trainings held and attendance

Outcome P1: Children will have Permanency and Stability in their living situations								
Permanency 1, Item 5: Re-entry into Foster Care	5.1 All pertinent information about the child and family is shared with possible kinship placement	Percent of re-entry	Baseline: 14.5% Goal: 12.0%	5.1.1 Add statements to Practice Guidelines under the headings of "Guiding Principles" and "Division and Worker Expectations" regarding the full disclosure of pertinent information to possible kinship placements	Written and presented to DCFS Board: Month 4		Policy and Permanency Program Specialist	Practice Guideline revision
					Response from the Board: Month 6		DCFS Board Chair	Board Minutes
					Notification of any changes to workers: Month 9		Deputy Director	Notification confirmation
				5.1.2 Clarify the use of an emergency kinship placement.	Month 12		Deputy Director	
				5.1.3 Develop a kinship brochure to educate families on their options for becoming a caregiver	Month 9		Deputy Director	Brochure

				5.1.4 Develop a resource packet for kinship providers	Month 12			Kinship packet
	5.2 Kinship supports are sufficient to meet the needs of the child and family	Percent of re-entry into Foster Care		5.2.1 Develop pilot project for kinship caregiver support groups in targeted locations.	Develop Pilot Project: Month 9		Permanency and Family Based Program Managers and team	Pilot Project proposal
					Select site: Month 10		State Administration Team	Site selected
					Begin to Implement pilot project: Month 10		Site Administrator	Implementation date
					Report on project: Month 16		Permanency and Family Based Program managers and team	Report on evaluation of pilot and recommendations
					Recommendations from the pilot project will be incorporated into the Program Improvement Plan as approved by the administrative team: Month 17		State Milestone Coordinator	Program Improvement Plan changes

			5.3 Licensing procedures are not a barrier for kinship placements to attain foster care licenses		5.3.1 Develop, propose, approve and implement licensing procedures that facilitate the licensing of interested kinship providers.	Developed by: Month 12 Approved by boards: Month 15 Implemented: Month 20		Deputy Director and joint committee from Office of Licensing, DCFS, Utah Foster Care Foundation.	Report on proposed Licensing process for kinship providers Board minutes Implementation date
					5.3.2 Standardize the use of BCI information congruent to the Office of Licensing to eliminate duplication of background checks	Month 12		Deputy Director	Protocol on use of BCI
					5.3.3 Train and implement BCI protocol to region BCI contacts	Month 15		Deputy Director	Training rolls
					5.3.4 Adopt up-front uniform homestudy assessment for kinship care, as used in Resource Families, to avoid duplication.	Month 12		Deputy Director	Homestudy assessment tool
					5.3.5 Train and implement uniform homestudy assessment to appropriate region contacts	Month 15		Deputy Director	Training rolls

Permanency 1, Item 6: Stability in Foster Care Placement	6.1 The Functional Assessment is used to identify a child's needs prior to foster care placement and with foster parents to identify their abilities with specific types of behaviors in children	SAFE report on stability of placement in foster care	Baseline: 72.4 Goal: 74.3%	6.1.1 Develop program for expanding the use of the Functional Assessment to include the identification of a child's needs prior to placement as well as identifying resource families' abilities	Month 12		Permanency and CPS program managers and team	Report on program developed
				6.1.2 Implement program	Month 18		Region directors or designee	Implementation report from each region
Permanency 1, Items 7, 8, 10: Permanency Planning

Item 25: Case Review | 7.1 Proper permanency goals are selected for each child in custody | QCR Scores on: 1. Long Term View 2. Prospects for Permanency 3. Tracking and Adaptation | Baselines: LTV: 43.5% PP: 59.6% TA: 68.7%

Goals: LTV: 50% PP: 65% TA: 70% | 7.1.1 Update Practice Guidelines with new permanency goals of Non Relative Guardianship, Permanency with Relatives. | Month 6 | | Permanency Program Manager | Practice Guidelines |
| | | | | 7.1.2 Clarify in Practice Guidelines how to plan for proper goal selection and concurrent planning. | Month 8 | | Permanency Program Manager | Practice Guidelines |

				7.1.3 Add new Permanency goals to SAFE	Month 9		SAFE Team	Goals in SAFE
				7.1.4 Send Practice Alert to staff on new goals available in SAFE.				
				7.1.5 Incorporate specific training on proper goal selection into Practice Model Curriculum	Month 6		Training Team	Training Curriculum
				7.1.6 Incorporate training on proper goal selection into Out of Home Program skills training.	Month 18		Training Team	Training Curriculum
				7.1.7 Provide training in all regions	Month 24		State and region training teams	Dates of training and list of attendees
				7.1.8 Include training on documenting reason for goal selection in Documentation Training	Month 9		Training Team	Training Curriculum

				7.1.9 Provide documentation training in all regions	Month 18		State and Region training teams	Dates of training and list of attendees.
	10.1 Children emancipating from foster care have the knowledge and supports in place to be successful adults			10.1.1 Determine if the Casey Assessment Tool will be used to evaluate "level of function" for youth. If it is determined that Casey tool will not be used secure a tool to be used.	Month 6		Independent Living Coordinator	Report on assessment tool selection
				10.1.2 Develop a performance matrix to establish expected performance outcomes in the areas of education, housing, life skills, employment, health and mental health.	Month 6			Matrix
				10.1.3 Develop Practice Guidelines to support the achievement of expected performance outcomes.	Month 9			Practice Guidelines

					Month				
	25.1 Time in custody and the status of petitions for Termination of Parental rights are monitored and appropriate action is taken.				10.1.4 Submit Practice Guidelines to DCFS Board	Month 10			DCFS Board minutes
					10.1.5 Develop training on Practice Guidelines including who should be trained and how the training will be delivered.	Month 15			Training Curriculum
					10.1.6 Develop Region Training plans.	Month 17			
					25.1.1 Add SAFE Notification to worker and an action prompt when a child has been in custody for 12 of 22 months.	Month 12		SAFE Team	Notification added to SAFE
					25.1.2 Distribute Practice Alert and instructions to all workers on new SAFE notification	Month 12		Deputy Director	Practice Alert

				25.1.3 Include information on requesting and documenting an exception for termination of parental rights in documentation training.	Month 9		Training Team	Training curriculum
				25.1.4 Deliver training in all regions	Month 18		State and Region Training Teams	Dates of Training and list of attendees
				25.1.5 Develop protocol and/or training for Assistant Attorneys General on proper selection of permanency goals and updating permanency goals between review hearings.	Month 12		Director of Policy and Planning	Protocol
				25.1.6 Provide training to AAG's	Month 18		Director of Policy and Planning	Dates of Training
Outcome P2: The Continuity of Family Relationships and Connections will be preserved for children								
Permanency 2, Item 14: Preserving Connections	14.1 Tribal membership is assessed and the Indian Child Welfare Act is complied with at all stages of the case.	Report from SAFE on number of American Indian children with no tribal information in the system	Baseline: 54% Goal: 35%	14.1.1 Review and revise Practice Guidelines related to the assessment of Tribal membership of children and families receiving services.	Developed by: Month 6 Presented to DCFS Board: Month 8		Program Managers for ICWA, Policy, Permanency, CPS, and Family based.	Practice Guidelines

	14.2 Foster children have a connection to Tribal, cultural religious, and ethnic connections and traditions			14.1.2 Distribute Practice Alert on new guidelines regarding assessment of Tribal membership	Month 9		ICWA specialist	Alert sent
				14.2.1 Draft and submit Administrative Rule in connection with HB 268 passed in the 2004 general session	Month 6		Director of Planning and Policy	Administrative Rule
				14.2.2 Compile and distribute a list of resources for workers to help children stay connected with religious, ethnic, Tribal and cultural heritage.	Month 18		Deputy Director and team	List of resources
	14.3 Agency Connections to ethnic minority communities provide connections for children in foster care			14.3.1 Identify ethnic communities and a point of contact within the community in each region.	Identify communities : Month 12 Initiate contact with communities : Month 14 Compile list of contact information and distribute to each region office: Month 18		Region Directors or designee	List of communities identified in each region and contact information for the community.

				14.4.1 Develop Practice Guidelines for moving cases to Tribal Court jurisdiction or continuing Tribal connection if jurisdiction remains with the state.	Develop by: Month 12 Present to DCFS Board for approval by: Month 14		Policy and ICWA program managers	Revised Practice Guidelines Board Minutes
	14.4 Transfers to Tribal Court jurisdiction are timely and well organized							
	14.5 Increase awareness of the requirements for Child Welfare in the Indian Child Welfare Act			14.5.1 Provide training by Judge William Thorne on the Indian Child Welfare Act to DCFS and legal partners	Month 9		Training Team and ICWA program manager	Training dates and list of attendees
	14.6 Foster parents are aware of their role in providing connections to a child's cultural and ethnic heritage.			14.6.1 Develop protocol and training to be added to initial training for prospective foster parents regarding their role in maintaining the cultural and religious heritage of children in foster care.	Month 15		Permanency program manager and Utah Foster Care Foundation	Protocol and training curriculum

				14.6.2 Determine the appropriate method for delivering additional training or information for current foster care providers on their role in maintaining cultural connections for children in foster care.	Month 6		Permanency program manager and Utah Foster Care Foundation	Report on method
				14.6.3 Deliver information to current foster care families	Mon th12		Permanency program manager and Utah Foster Care Foundation	Information delivered.
Permanency 2, Item 15: Relative Placement	15.1 A diligent search for both maternal and paternal kinship placement candidates and the documentation of the search is made in each CPS case where removal is considered	Report from SAFE on removals where kinship options were explored with the family	Baseline: 68% Goal: 75%	15.1.1 Include information on the proper documentation of the search for kinship placement candidates in the Documentation training curriculum.	Month 9		State Training Team	Documentation curriculum
				15.1.2 Provide documentation training in each region	Month 18		State and Region training teams	Dates of training and list of attendees.
Outcome WB 1: Families will have Enhanced Capacity to Provide for Their Children's Needs								

Well-being 1, Item 17: Needs and Services of the Child, Parents, and Foster Parents	17.1 The Functional Assessment is used to assess underlying needs of children and families	QCR data on Functional Assessment	Baseline: 52.4% Goal: 60%	17.1.1 Develop Curriculum for Supervisor Training to teach them how to help workers better implement Practice Model Skills.	Month 18		State Training Team and Supervisor Team	Curriculum for supervisor training.
				17.1.2 Develop region train ing plans	Month 20		Region training team	Region Training plan
				17.1.3 Training is provided in every region.	Month 24		State and Region Training Teams	Dates of training and list of attendees.
Well-Being 1, Item 18: Child Involveme nt in Case Planning

And

Item 25: Case Review | 18.1.1 Parents and children are involved in case planning through the use of Child and Family Teams. There is a written Child and Family Service Plan in SAFE for each case. | Data from SAFE on involvement of fathers in the Child and Family Teams (new data measure will be available by the end of CY04) | Baseline: not available Goal: undetermined | 18.1.1 Develop curriculum for Supervisor Training to teach supervisors how to help workers better implement Practice Model Skills.

18.1.2 Develop region training plans | Month 18

Month 20 | | State Training Team and Supervisor Team

Region Training Team | Curriculum for supervisor training.

Region training plan |
| | | CPR Results on Child and Family Team involvement for parents. | Baseline: In Home cases: 47% Goal: 55% Baseline: Out of Home cases: 63.3% Goal: 67% | 18.1.3 Provide training in every region. | Month 24 | | State and Region Training Teams | Dates of training and list of attendees. |
| | | | | 18.2.1 Develop | Developed by: | | Permanency and | Practice |

18.2 When appropriate, fathers are located and involved in case planning	QCR Results on: Child and Family Participation Child and Family Team and Coordination Child and Family Planning Process	Baseline: 67.3% Goal: 70% Baseline: 60.8% Goal: 64%	Practice Guidelines regarding locating and involving fathers in case planning through Practice Model skills.	Month 12 Presented to DCFS Board: Month 13		CPS program managers	Guidelines Board Minutes
			18.2.2 Distribute Practice Alert	Month 15		CPS, Permanency and family based program managers	Practice Alert
			18.2.3 Identify at least one individual in each Region to act as "Kin Locators"	Month 9		Region directors	List of Kin locators
			18.2.4 Train Kin Locators to use the data base of the Office of Recovery Services to help track paternity information and locate parents or kin.	Month 12		CPS, Permanency and family based program managers	Training Rolls
18.3 The case planning functionality in SAFE is implemented and workers are able to use it effectively			18.3.1 Develop and release the Case Plan functionality for the SAFE system	Month 12		SAFE Team	SAFE release
			18.3.2 Provide training in each region on new case plan functionality	Month 15		SAFE Team	Training dates and list of attendees

Well-Being 1, Item 19: Worker Visits with the Child	19.1 Workers visit children at a frequency that provide for the safety and well-being of children and are focused on the goals established by the child and family team and the provision of services to meet the goals.	Data from SAFE on visits to the child	Baseline: In Home cases: 88.2% Goal: 90% Out of Home cases: 87.8% Goal: 90%	19.1.1 Develop Practice Guidelines on frequency and content of visits between workers and children for both In Home and Out of Home cases	Developed by: Month 9 Presented to DCFS Board by: Month 10 Implemented: Month 12		Policy, Permanency and Family Based Program Managers	Revised Practice Guidelines
				19.1.2 Rewrite Practice Model Intervention Module with more specific information regarding reasons for worker visits and how visits are conducted	Month 9		Training Team	Revised Training Curriculum
Well-Being 1, Item 20: Worker Visits with the Parents	20.1 Workers visit with parents at a frequency consistent with the goals determined by the child and family team and focus on the establishment of goals and services needed to meet the goals of the family.	Data from SAFE on worker visits with the parents. (new data measure will be available by the end of CY04)	Baseline: not yet available Goal: not established	20.1.1 Develop training on new Practice Guidelines for visits between workers and parents.	Month 9		Permanency and Family Based Services Program Managers	Training curriculum
				20.1.2 Provide training in each region.	Month 12		Program Managers and Region Training Teams	Dates of training and attendee list

Outcome WB3: Children Receive Appropriate Services to Meet their Health and Mental Health Needs								
No Item	22.1 Follow up treatment prescribed in initial health and mental health assessments is consistently completed and recorded in SAFE	Data from SAFE on health and mental health follow up	Baseline: Physical Health 69.7% Mental Health 78% Goal: Physical: 73% Mental: 80%	22.1.1 Determine barriers to follow up treatment recommended	Month 6		Permanency and Family Based Program managers and director of Fostering Healthy Children	Report on barriers
				22.1.2 Develop and implement a plan to reduce/eliminate barriers and improve follow up completion	Month 12			Plan for improvement

Case Process Review Questions

The Case Process Review is scored on a percentage achieving a passing score. Each question has a set of criteria by which it is scored.

GENERAL CPS
⬦ Did the investigating worker see the child within the priority time frame?

⬦ If the child remained at home, did the worker initiate services within 30 days of the referral?

⬦ Was the investigation completed within 30 days of CPS receiving the report from intake or within the extension time frame grated if the Region Director granted an extension?

⬦ Did the worker conduct the interview with the child outside the presence of the alleged perpetrator?

⬦ Did the worker interview the child's natural parent(s) or other guardian when their whereabouts are known?

⬦ Did the worker interview third parties who have had direct contact with the child, where possible and appropriate?

⬦ Did the CPS worker make an unscheduled home visit?

PRIORITY 1
⬦ If this is a Priority I case involving severe maltreatment, severe physical injury, or recent sexual abuse causing trauma to the child, was a medical examination of the child obtained no later than 24 hours after the report was received?

MEDICAL NEGLECT
⬦ If this case involves an allegation of medical neglect, did the worker obtain an assessment from a health care provider within 30 days of the referral?

⬦ Were the case findings of the report based on the facts obtained during the investigation?

SHELTER
⬦ Did the worker visit the child in the shelter placement within 48 hours of removal from the child's home to determine the child's adjustment to the placement and need for services?

⬦ After the first 48 hours, did the worker visit the child in the shelter placement at least weekly, until the CPS case closure or until transferred to a foster care caseworker, to determine the child's adjustment to the placement and need for services?

⬦ Within 24 hours of the child's placement in shelter care, did the worker make reasonable efforts to gather information essential to the child's safety and well-being and was this information given to the shelter care provider?

⬦ During the CPS investigation, were reasonable efforts made to locate possible kinship placements?

CPS UNABLE TO LOCATE
⬦ Did the worker visit the home at times other than normal work hours?

⬦ If any child in the family was school age, did the worker check with local schools or the local school district?

⬦ Did the worker check with law enforcement agencies?

⬦ Did the worker check public assistance records for information regarding the family?

⬦ Did the worker check with the referent for new information regarding the family?

CPS UNACCEPTED

- ◈ Was the nature of the referral documented?
- ◈ Did the intake worker staff the referral with the supervisor or other intake/CPS worker to determine non-acceptance of the report?
- ◈ Does the documentation adequately support the decision not to accept the referral?

HOME-BASED SERVICES

- ◈ Is there a current case plan in the file
- ◈ Was an initial child and family plan (service plan) completed for the family within 30 days of CPS case closure or from the date services were court ordered?
- ◈ Were all of the needs/services identified on the Risk Assessment or referral form addressed in the initial child and family plan?
- ◈ Were the following member involved in the development of the current child and family plan (service plan)? Natural parent? Stepparent (if appropriate)? The target child (age 5 and older)? Other professionals (if appropriate)?
- ◈ Did the worker identify the family's strengths in the case planning process/development of the child and family plan (service plan)?
- ◈ Did the worker initiate services for the family/child as identified in the child and family plans?
- ◈ Did the worker make at least one home visit each month of this review period?
- ◈ Were collateral contacts made each month of this review period to monitor the child's and family's progress with the child and family plan?

FOSTER CARE

- ◈ Prior to the original dispositional hearing, were reasonable efforts made to locate kinship placements?
- ◈ Were the child's special needs or circumstances taken into consideration in the placement decision?
- ◈ Was proximity to the child's home/parents taken into consideration in the placement decision?
- ◈ Before the placement was made, was basic available information essential to the child's safety and welfare and the safety and welfare of other children in the home given to the out-of-home care provider?
- ◈ Did the worker interview the out-of-home caregiver at least once during each month of this review period?
- ◈ Did the worker visit the child in his/her out-of-home placement at least once during each month of this review period?
- ◈ Did the worker visit the child at least twice during each month of this review period?
- ◈ Did the caseworker meet privately with the child outside the presence of the out-of-home care provider at least once each month of this review period?
- ◈ Was an initial or annual comprehensive health assessment conducted on time?
- ◈ If a need for further evaluation or treatment was indicated in the most current initial or annual health assessment, was that evaluation or treatment initiated within 30 days of the screening or as recommended by the medical personnel?
- ◈ Was an initial or annual mental health assessment conducted on time?
- ◈ If a need for mental health services was indicated in the most current initial or annual mental health assessment were those services initiated within 30 days of the assessment or as recommended by the evaluator?

- ✧ Was an initial or annual dental assessment conducted on time?
- ✧ If need for further dental care treatment was indicated in the initial or annual dental exam was that treatment initiated within 30 days of the screening or as recommended by the dental personnel?
- ✧ If the child needed special education services, did the caseworker make reasonable efforts to ensure the child received the necessary services?
- ✧ Is there a complete current case plan in the file?
- ✧ If the child and family plan (service plan) which was current during the review period was the child's initial child and family plan (service plan) which was current during the review period was the child's initial child and family plan (service plan) was in completed with 45 days after the child enters temporary custody (shelter hearing date)?
- ✧ Were the following members involved in creating the current child and family plan? Guardian ad Litem? Natural parents? Stepparent (if appropriate)? Foster parents? Mental health representative? Education representative? Law enforcement (probation officer)? Child?
- ✧ Did the worker identify the family's (child's) strengths in the case planning process/development of the child and family plan?
- ✧ Did the worker initiate services for the family/child as identified in the child and family plans (service plans) that are current during the review period?
- ✧ Was the child provided the opportunity to visit with his/her parents weekly?
- ✧ Was the child provided the opportunity for visitation with his/her siblings at least twice per month?

Qualitative Case Review Protocol
Questions Concerning the Status of the Child and Family

Scoring for the Qualitative Case Review is on a 6-point scale. Scores above four are considered passing.

Presented below are a set of common sense questions used to determine the current status of the child and family. Persons using this list of questions are directed to the **Qualitative Case Review Protocol (QCR)** for further explanation of these questions and matters to consider when applying these questions to a child and family receiving supports and services. Training on review concepts, methods, and uses is recommended for anyone wishing to apply these questions to the children and caregivers in a family receiving services.

1. SAFETY: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working, and recreational environments?   Are others in the child's daily environments safe from the child? · Is the child free from unreasonable intimidations and fears at home and school?

2. STABILITY: Are the child's daily living and learning arrangements stable and free from risk of disruption?   If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

3. APPROPRIATENESS OF PLACEMENT: Is the child in the most appropriate placement consistent with the child's needs, age, ability, and peer group and consistent with the child's language and culture?

4. PROSTPECT FOR PERMANENCE: Is the child living with caregivers that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? • If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

5. HEALTH/PHYSICAL WELL-BEING: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

6. EMOTIONAL/BEHAVIORAL WELL-BEING: Is the child doing well, emotionally and behaviorally?   If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

7. LEARNING PROGRESS: (For children age five and older.)   Is the child learning, progressing, and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

8. DEVELOPING/LEARNING PROGRESS: (For children under age five.)   Is the child (under age five) developing, learning, progressing, and gaining skills at a rate commensurate with his/her age and ability?

9. CAREGIVER FUNCTIONING: Are the substitute caregivers, with whom the child is currently residing, willing and able to provide the child with the assistance, supervision, and support necessary for daily living?   If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

10. FAMILY FUNCTIONING AND RESOURCEFULNESS: Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with the assistance, supervision, and support necessary for daily living?

11. SATISFACTION: Are the child and primary caregiver satisfied with the supports and services they are receiving?

12. OVERALL CHILD STATUS: Based on the Service Test findings determined for the Child Status Exams 1-11, how well is this child presently doing? Overall child status is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall Child Status using a 6-point rating scale.

Questions Concerning System Performance

Presented below is a set of questions used to determine the performance of essential system functions for the child in a QCR. These questions focus on support and service functions rather than formal service system procedures.

1. CHILD/FAMILY PARTICIPATION: Are family members (parents, grandparents, step parents) or substitute caregivers active participants in the team meetings where service decisions are made about the child and family? • Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? • Is the child actively participating in decisions made about his/her future?

2. CHILD AND FAMILY TEAM AND COORDINATION: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

3. FUNCTIONAL ASSESSMENT: Are the current, obvious, and substantial strengths and needs of the child and family identified though existing assessments, both formal and informal, so that all interveners collectively have a "big picture" understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

4. LONG-TERM VIEW: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers, and levels of service?

5. CHILD AND FAMILY PLANNING PROCESS: Is the child and family plan individualized and relevant to needs and goals? • Are supports, services, and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation

and preferences?   Does the combination of supports and services fit the child's and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

6. PLAN IMPLEMENTATION: Are the services and activities specified in the child and family plan for the child and family: 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity?   Are the necessary supports, services, and resources available to the child and family to meet the needs identified in the plan?

7. FORMAL AND INFORMAL SUPPORTS AND SERVICES: Is the available array of school, home, and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

8. SUCCESSFUL TRANSITIONS: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs?   If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

9. EFFECTIVE RESULTS: Are the planned education, therapies, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

10. TRACKING AND ADAPTATION: Are the child and caregiver's status, service process, and results routinely followed along and evaluated?   Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

11. CAREGIVER SUPPORT: Are the substitute caregivers in the child's home receiving the training, assistance, and supports necessary for them to perform essential parenting or caregiving functions reliably for this child? • Is the array of services provided adequate in variety, intensity, and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

12. OVERALL SYSTEM PERFORMANCE: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? Overall system performance is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall System Performance for a child.